

would want to be treated by high-volume specialists. 16% stated that current training-pathway length is too long. It is impossible to achieve independent practitioner level proficiency in a shorter period of time than is currently required (72%). Opinions regarding credentialing were mixed, but tended towards disagreement. Respondents preferred longer placement lengths with increasing career progression. Doctors-in-training value early generalised training (77%), with suggestions for further improvement.

Conclusions: Supported by evidence that high-volume surgeons offer better outcomes, trainees want to specialise while maintaining generalist emergency skills. UK training can be improved, however trainees do not believe that training length reduction with a generalist and specialist consultant model is the answer. Further exploration into credentialing is required before implementation. Educational (not financial) needs, with outcome monitoring, should drive training-pathway changes. Developing unpopular training pathways may deepen the NHS junior-doctor recruitment/retention crisis.

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: A CROSS SECTIONAL STUDY OF PREGNANCY AND MATERNITY AND PATERNITY LEAVE AMONG SURGICAL TRAINEES IN THE UNITED KINGDOM AND REPUBLIC OF IRELAND

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Aims: Specialty training coincides with the common time for starting a family. Working patterns and experiences of pregnancy and maternity/paternity leave are variable. The study assessed the experiences of surgical trainees' within the UK and Republic of Ireland.

Methods: A novel 31-item, online questionnaire survey was distributed via national and regional surgical mailing lists and websites via the Association of Surgeons in Training and the British Orthopaedic Trainee Association.

Results: Responses were received from all specialties, regions and grades of surgical trainees: 555 female (median age 33) and 321 male (median age 34). Considering female responses, 46.5% (258/555) had been pregnant during surgical training, 22.9% ceasing night shifts ≤ 26 weeks' gestation. Commonly cited reasons included tiredness (35.2%) and own health concerns (27.9%). During night shifts, only 58.9% had rest facilities available. Mean gestation for stopping daytime on-call shifts was 38 weeks, mostly due to commencing maternity leave (25.4%). 55.2% felt they had returned to their pre-maternity leave work levels within 3 months of returning. Men (85.9%, 116/135) were more likely to feel supported by their hospital department during paternity leave compared to women (72.9%, 188/258) during their pregnancy/maternity leave ($p=0.034$). Only 49.2% and 51% found the process of arranging maternity leave and paternity leave easy.

Conclusions: Surgical workloads can be physically demanding. With increasing feminization of the workforce, facilitation of maternity/paternity leave and return-to-work arrangements could be improved. Increased provision of information on maternity/paternity leave may ease the process of arranging this

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: LESS THAN FULL-TIME TRAINING IN SURGERY: A CROSS SECTIONAL STUDY OF SURGICAL TRAINEES

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Introduction: Generational changes in lifestyle expectations, feminisation of the medical workforce and changes in working environment have seen an increased demand in less than full-time training (LTFT). The aims were to assess the opinions regarding access to LTFT and information available to surgical trainees' within the UK and Republic of Ireland.

Methods: A novel 22-item, online questionnaire survey was distributed via the mailing lists of the Association of Surgeons in Training and British Orthopaedic Trainee Association.

Results: 876 responses were received from all specialties, grades and regions of surgical trainees'. Median age was 33 years and 63.4% were female. Of those who had undertaken LTFT, 92.5% (148/160) were female. Reasons for choosing or considering LTFT were childrearing (82.7%), caring for a dependent (12.6) and sporting commitments (6.8%). Males were less likely to list childrearing than females (64.9% vs. 87.6%; $p<0.0001$). Only 38% (60/160) found the application process easy and 53.8% (86/160) experienced undermining behaviour as a result of LTFT. Of all respondents, a further 55.7% (399/716) would consider LTFT in future; 26.8% of which were male (107/399). Only 9.9% of respondents rated current information as adequate.

Conclusions: Over half of surgical trainees working LTFT have experienced undermining behaviour as a perceived result of their LTFT. Despite a reported need for LTFT in both genders, this remains difficult to organise and access to relevant information is poor. Support and improved information is required to encourage those wishing to pursue LTFT, and negative attitudes amongst peers and seniors need to be addressed.

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: INTEGRATED ACADEMIC SURGICAL TRAINING IN THE UK: A CROSS-SECTIONAL SURVEY

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Aims: The National Institute of Health Research academic training pathway provides integrated academic and clinical training. The aim was to determine variation in delivery of academic training within surgical specialties.

Methods: Online cross-sectional survey, developed by the Association of Surgeons in Training. A self-reported survey instrument was distributed to academic trainees across the UK.

Results: 228 responses were received (M:77%, F:23%, mean age:32y), spanning all UK regions and surgical specialties. 74.3% held national training numbers. 48.8% achieved 0-1 days of dedicated academic time per week, with 33.3% having that time protected from clinical commitments. 68.7% of trainees met with their academic supervisor at least once a month. Despite positive reflection on the quality of academic supervision (mean rating: 3.96/5), 60.7% had no research skills training programme. 73.2% were on the same on-call rota as non-academic trainees. Whilst a majority were satisfied with their clinical competence (71.6%), respondents felt clinical time focussed more upon service provision, than technical-skills learning (51.0%). 43.2% had been subject to negative sentiments as an academic trainee.

Conclusions: Integrated academic training presents unique challenges and opportunities within surgery. With variation in quality of current programmes recommendations are required for the future provision of integrated surgical academic training.

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: THE SURGICAL ELOGBOOK: CLEAR CUT?

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Aims: Accurate recording of operative cases is essential during training to demonstrate experience. However, with indicative numbers delineating minimum desirable experience, incentives to exaggerate or misrepresent experience exist. This study aimed to determine surgical trainees' perceptions of eLogbook use.

Methods: An anonymous online questionnaire employing a mixed-methods approach. The questionnaire was disseminated electronically using a pre-planned yield-maximisation strategy, incorporating regional champions, email and social media.